



**Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304
Building Department**

***BUILDING PERMIT
Application***

Permit #: _____

Application Date: _____

Fee: _____

Permit Type: **Single Family Home** ☐ **Commercial Building** ☐ **Addition** ☐
Mobile Home ☐ **Modular Home** ☐ **Deck** ☐
Town House ☐ **Duplex** ☐ **Electrical** ☐
Finished Basement ☐ **Accessory Structure** ☐ **Shed** ☐
Pool/Spa ☐ **Lawn Sprinkler** ☐ **Sign** ☐
Bilco Door/Egress Window ☐ **Tenant Set Up** ☐ **Other** _____

Address/Location: _____ **Development:** _____

Property Owner:

Name (PRINT): _____

Address: _____

Telephone #: _____ Email: _____ **D.O.B. :** _____

(Property Owner)

Contractor/Builder:

Name (Print): _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Insurance Carrier: _____

Workers Comp (C105.2 Form): Date: _____ **Liability(Accord 25 Form):** Date: _____

Site Plan Submitted: _____ **Building Plans Submitted:** _____

Applicant Signature: _____ **Date:** _____

(For Department Use Only)

Action: Approved ☐ **Disapproved** ☐ Reason for Disapproval: _____

Signature: _____ **Date:** _____

Title: _____